

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Concerned American Voters</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00525899         </div>		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on					
Full Name of Payee <b>PDQ Printing of Las Vegas</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 23 / 2015			
Mailing Address 3820 S Valley View Blvd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2693.26</div>			
City Las Vegas	State NV	Zip Code 89103	Transaction ID : SE.5712 Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2015		
Purpose of Expenditure Printing - door hangers		Category/ Type 004			
Name of Federal Candidate RAND PAUL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">2693.26</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee <b>Voter Contact Services, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2015		
Mailing Address 107 S. West St, PMB 501			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">52266.40</div>		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.5719 Date of Disbursement or Obligation MM / DD / YYYY 11 / 22 / 2015		
Purpose of Expenditure Staffing and Services for Field Canvassers		Category/ Type 001			
Name of Federal Candidate RAND PAUL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">54959.66</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">54959.66</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Edward King</i> <div style="border-top: 1px solid black; width: 100%;"></div>			Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">12 / 02 / 2015</div>		

[Electronically Filed]